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**TRANSMITTAL
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(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	5	Attorney Docket Number	021630-004500US
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ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
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	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Nena Bains		
Date	April 20, 2005	Reg. No.	47,400

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Landon Clark	Date	April 20, 2005

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PATENT

Attorney Docket No.: 021630-004500US

Client Reference No.: 17.01

Q1PE
APR 22 2005 On
TOWNSEND and TOWNSEND and CREW LLP

By: Lindon Clark

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

WHIRLEY, ROBERT G. et al.

Application No.: 10/769,532

Filed: January 30, 2004

For: INFLATABLE POROUS
IMPLANTS AND METHODS FOR
DRUG DELIVERY

Examiner: Unassigned

Art Unit: 3738

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [excluding cited U.S. Patents, U.S. Patent Application publications, and appropriate IFW-stored, pending U.S. Patent Applications and portions thereof, per 1287 OG 163] are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

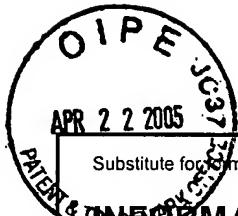
Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Nena Bains
Reg. No. 47,400

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 415-576-0200
Fax: 415-576-0300
NB/lc
60473301 v1



Substitute for Form 1449A&B/PTO		<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Application Number	10/769,532
		Filing Date	January 30, 2004
		First Named Inventor	Whirley, Robert G.
		Art Unit	3738
		Examiner Name	Unassigned
Sheet	1	of	1
		Attorney Docket Number	
		021630-004500US	

FOREIGN PATENT DOCUMENTS							
Examiner Initials*	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴				
							<input type="checkbox"/>
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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	0002	Web page, "Drug Eluting Stents - Why Use Drug Eluting Stents?;" <u>Polymer Coatings Division</u> ; at URL= http://www.lombardmedical.co.uk/lombard/pcde.why.html ; Lombard Medical; printed February 1, 2005.	

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.